

Missouri ACTE Legislative Day

Student CTSO Registration Form February 13, 2008

Student(s) attending _____

CTSO they represent _____

School Name _____

School Address, City, State, and Zip _____

School Phone Number _____

Advisor(s) attending the trip and their emails and phone numbers –

Advisor _____ email _____ phone _____

Advisor _____ email _____ phone _____

Advisor _____ email _____ phone _____

Representatives and Senators visiting _____

Please mail or fax by **Monday, January 25, 2008**, to

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